Office of Financial & Insurance Services Employment Application

In accordance with Michigan Civil Service Rule 1-7, if you are not currently a classified state employee any offer of state employment will be on a conditional basis until you submit and pass a preemployment drug test. If you need special accommodations to attend an interview, contact Human Resources Division, Office of Financial and Insurance Services, at (877) 999-6442.

| APPLICANT INFORMATION | | | | | | | |
|---|-------------------------|-----------------------------|---|---|--|--|--|
| Applicant's Name (Last, First, M.I.) | | Social Security Num | Social Security Number | | | | |
| | | | | | | | |
| Street Address | | Area Code/Telephor | Area Code/Telephone No. (between 8 am and 5 pm) | | | | |
| | | () | (************************************** | с р) | | | |
| City Chata 7in | <u> </u> | Drivers Lieenes Nue | | | | | |
| City State Zip | Code | Drivers License Num | nber | | | | |
| | | | | | | | |
| Do you have a permit to work in the United State | es? | If no, explain visa status | | | | | |
| ☐ Yes ☐ No | | | | | | | |
| Position Applying For | ☐ Full Time ☐ Part-Time | | | | | | |
| | | Student Assistan | | | | | |
| EDIA | OATION | 1 — | • | | | | |
| Check all appropriate boxes. Attach | CATION | AND TRAINING | | Date of | | | |
| photocopy of college transcript. | | Major | | Completion | | | |
| High School Graduate/GED | | | | 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| Associate's Degree | | | | | | | |
| Bachelor's Degree | | | | | | | |
| ☐ Master's Degree | | | | | | | |
| Other: | - | | | | | | |
| OCCUPATIONAL LICE | INCEC E | DECISTRATION OF | DTIEICATES | | | | |
| License/Certificate Issued By Field/Trade/Specialis | | cense/Certification No. | Issue Date | Expiration Date | | | |
| - I i i i i i i i i i i i i i i i i i i | | 301100, C0111110011011 1101 | | | | | |
| | | | | | | | |
| Do you have any concerns regarding evernight t | | | | | | | |
| Do you have any concerns regarding overnight to lf yes, explain. | | ∐ Yes | ∐ No | | | | |
| i i yes, explain. | | | | | | | |
| | | | | | | | |
| Do you have computer skills? | | | ☐ Yes | ☐ No | | | |
| Please list programs you have used. | | | | | | | |
| | | | | | | | |
| Have you ever been convicted of a felony? | | | ☐Yes | □No | | | |
| If yes, explain. | | | | | | | |
| | | | | | | | |
| Are there any follow, charges pending against w | | | | | | | |
| Are there any felony charges pending against you lf yes, explain. | | ∐ Yes | ∐ No | | | | |
| ii yes, explain. | | | | | | | |
| | | | | | | | |
| Have you ever been discharged or suspended by any employer? | | | ☐ Yes | ☐ No | | | |
| If yes, explain. | | | | | | | |
| | | | | | | | |
| Do you have any other supplemental employme | | ☐ Yes | ☐ No | | | | |
| If yes, explain. | | | | | | | |
| | | | | | | | |



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

| | EMPLOYME | | | | | |
|---|---|---------------------------|---------------|--|--|--|
| Please list below all work-related experience, starting with most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job, including percentage of time spent on each duty. Additional sheets may be attached if necessary. Please attach a current resume to this application. | | | | | | |
| | n and/or Job Title | Dates of Employment | | | | |
| | | From | То | | | |
| Employer | | Supervisor Name and Title | | | | |
| Business Ad | dress | | Telephone No. | | | |
| Description | of job duties and percentage of time spen | t on each duty. | | | | |
| Percent | | | | | | |
| % | | | | | | |
| % | | | | | | |
| % | | | | | | |
| % | | | | | | |
| % | | | | | | |
| % | | | | | | |
| 100% | | | | | | |
| Classification | n and/or Job Title | Dates of Employment | | | | |
| | | From | То | | | |
| Employer | | Supervisor Name and Title | | | | |
| Business Ad | dress | | Telephone No. | | | |
| Description | of job duties and percentage of time spen | t on each duty. | | | | |
| Percent | | | | | | |
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| 100% | | | | | | |
| May we cont | act your present employer? | | ☐ Yes ☐ No | | | |
| *Please add additional pages, if necessary. Submit Completed Application, Resume and Copy of College Transcripts to: Human Resources Division, Office of Financial and Insurance Services, Department of Labor & Economic Growth P.O. Box 30224 Lansing, Michigan 48909 Email: OFIS-employment@michigan.gov | | | | | | |
| APPLICANT CERTIFICATION: I certify that all information above is true and complete and I agree and understand that any falsification of material facts will result in forfeiting any rights to consideration for employment with the Office of Financial and Insurance Services or | | | | | | |
| possible dismissal, if discovered after I have been hired. Applicant Signature Date | | | | | | |